CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH
WALTER M. DICKIE, M.D., Director

# Weekly Bulletin

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## *Lives of Diabetics May Be Extended*

Statistics indicate that the mortality from diabetes has increased greatly in California in the past ten years. Cancer has also shown similar increased mortality, as well as diseases of the circulatory system and other diseases which are typically diseases of adult life. All of these increases tend to place emphasis upon the need of devoting more attention to the health of individuals who are past middle age. The span of life has not increased in spite of the triumphs of preventive medicine. The greatest advances in the public health have been made in the saving of lives of children and young adults. Individuals who are past middle age have not escaped mortality hazards to so great an extent as have younger persons. Diabetes is an example of these adult diseases, which, by means of modern scientific discoveries, has at least provided greater comfort and removed much of the suffering that diabetics withstood before the discovery of insulin. This product has probably had little or no effect upon the death rate for the disease but it has been, and still is, of the greatest value in the treatment of the disease. It is not a specific, however, and its use is not indicated in all cases of diabetes. Even when insulin is indicated, proper care and proper diet of the individual must be used in addition. Treatment, however, is distinctly a medical procedure, and diabetics who place themselves under medical care, promptly, are able to live for many years in comparative comfort.

Facilities for the discovery of diabetes and other diseases commonly found in adults have been extended greatly during recent years. The increased number of annual physical examinations, the activities of insurance companies in promoting the health of their policyholders, the more extended use of diagnostic facilities in public clinics and the added interest in all health matters have accomplished considerable in the discovery of cases of diabetes which might otherwise not have been brought under treatment.

While the span of life is not increased, the median age of death has been advanced many years and there are more people of middle age living in the United States today, in proportion to population, than there ever have been before in the history of the country. Since two-thirds of the cases of diabetes develop in persons over 40 years of age (the onset occurs most commonly between the ages of 50 and 53), and since there is a large number of persons in this age group, the increased prevalence is natural. The better facilities for the recognition of the disease and for its treatment have been, and are still, of great value to all persons of adult ages, and while there has been no reduction in the mortality from this disease, it is a fact that diabetes today does not present the gloomy picture that it did ten years ago. The following table shows the numbers of deaths from diabetes in California and in the United States registration area for the ten-year period 1920 to 1929:

| | *California No. of Deaths* | *U. S. Registration Area No. of Deaths* |
|---|---|---|
| 1920 | 545 | 13,898 |
| 1921 | 728 | 14,933 |
| 1922 | 816 | 17,182 |
| 1923 | 778 | 17,357 |
| 1924 | 755 | 16,453 |
| 1925 | 763 | 17,385 |
| 1926 | 829 | 18,881 |
| 1927 | 931 | 18,937 |
| 1928 | 996 | 21,747 |
| 1929 | 1043 | * |

*Not available.

Medical men state that the actual cause of the development of diabetes is not known, but the two factors of supreme importance are obesity and diabetic heredity. Seventy-five per cent of all diabetics are fat prior to the onset of the disease, and of those over 50 years of age who contract it, more than eighty-five per cent are fat. Individuals who are approaching middle age should, therefore, look upon an excessive increase in avoirdupois as a distinct disadvantage in the promotion of their individual health. To be sure, not all fat individuals acquire diabetes and among those individuals who are not fat and who develop diabetes, heredity may constitute an important factor in the development of the disease.

The most important things for diabetics to consider and to obtain are high-grade medical attention, proper care, proper diet and insulin, if the attending physician recommends it. The most essential things to avoid are negligence in personal hygiene and ordinary care, quack remedies and unnecessary apprehension over their condition. Diabetics who use common sense and who avail themselves of the advances that have been made in the treatment of this disease have a good chance of living as long as have individuals who do not suffer from diabetes.

## CLINICS FOR CRIPPLED CHILDREN

Clinics for the purpose of making diagnoses and recommendations for the treatment of crippled children have been held, during the past month, in Ventura and Watsonville. Sixty children attended the clinic at Ventura and 45 were present at the Watsonville clinic. Competent medical examiners conducted these clinics and their recommendations for the removal of physical defects by corrective treatment are being put into effect.

Since the Crippled Child Act went into effect, a total of $84,000 has been spent for relief to crippled children. This comparatively small sum of money has brought relief from suffering and rehabilitation to large numbers of California children who might otherwise have been forced to suffer throughout their whole lives and eventually become financial burdens not only to their immediate families, but to their respective communities as well.

## "THE THREE-FINGERED DEMON OF THE WOODS"

By Adelaide Brown, M. D.

Poison ivy, poison oak, poison dogwood and poison sumac are all pests of summer camp life. Of them all poison oak and ivy (*Rhus toxico dendrom*) claim the largest list of susceptible victims, and year after year take their toll, as repeated attacks give no immunity.

The attack, after exposure, is an acute inflammation of the skin, varying from a red itching largely on the face and wrist—and legs, if you hike off trails and tramp through the brush—to a blistered surface with great swelling and pain and burning as well as itching. The inflammation can be severe enough to cause high temperature and as it lasts in severe cases two to four weeks, a vacation can be spoiled.

What can one do to avoid this pest?

1. Camp at elevations where it does not grow.

2. Know the foliage and avoid it. It is a trifoil of large leaves, glistening surface, and looks like the three upper leaves of rose foliage. It is a low plant, a shrub, and in California, often a vine—but the foliage is always the same.

3. On returning to camp, wash your hands and wrists with strong laundry soap and hot water. Scrub the hands with a brush. Then with fresh water and soap, wash your face and neck—and if you have hiked through bushes, your legs and knees.

4. When the lesions begin in twelve to twenty-four hours, go to the camp doctor. We have found daily or twice a day, careful dressing of the irritated skin paid in relief and quickened recovery.

5. Whenever many remedies appear, you can be sure no cure exists. In Camp Wasibo in the Santa Cruz Mountains, we have poison oak on every side. We have tested an immunity remedy given by hypodermic to all girls wishing it, prior to going to camp. We have also tried a liquid preventive remedy. We record previous sensitiveness to poison oak on our health examination card. The consensus of opinion is that the attacks were shorter in the girls who took the remedies before camp. But it was not a spectacular result.

The conclusions: *Know the foliage and avoid it.*

As a precaution, wash in strong alkali soap on return to camp.

The treatment in all Camp Fire camps should be done by the camp doctor or nurse.—Reprinted from "Everygirl's," official magazine of the Camp Fire Girls.

## GOOD CONDITIONS IN COUNTY TUBERCULOSIS HOSPITALS

All of the county tuberculosis hospitals of California which receive the state subsidy of $3 per week per patient have been inspected during the past month, and excellent conditions relating to the care and treatment of patients were encountered in all of these institutions. There are nearly 4000 subsidized tuberculosis beds in California hospitals, and the state maintains more free beds for tuberculous children than do all of the other states of the union.

A new plan of exchanging patients between various county tuberculosis hospitals has been put into effect; if a patient in one of the small county institutions needs chest surgery, arrangements are made to have such patient transferred to San Francisco for operation, San Francisco sending a convalescent patient to the small county institution on an exchange basis. The results of this plan are of value not only to the patients, but also to both of the institutions concerned.

Cooperation between the Bureau of Tuberculosis, the county sanatoria and the Vocational Education Department of the State Board of Education has resulted in the provision of high school teachers for institutional patients who are of high school ages, enabling such patients to carry on educational work at the same time that they are receiving treatment for tuberculosis. Work in the rehabilitation of the tuberculous is progressing excellently. Working with the Vocational Rehabilitation Department, the various hospitals of the state and the Bureau of Tuberculosis have been able to accomplish outstanding results in the vocational rehabilitation of patients whose improved health has enabled them to leave the sanatoria.

Riverside County has just completed and opened an excellent sanatorium which cost about $60,000. Plans are being drawn for the erection of a new building for tuberculous children in Santa Barbara.

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## MANY NURSES ARE REGISTERED

During the biennial period which closed June 30, 1930, certificates of registration were granted to 4830 nurses in California. Of this number 2709 certificates were issued to nurses who came to California after having trained in other states. This is 588 more than were issued to graduates from California schools of nursing. The influx of nurses into California is a factor in the over-supply of nurses in the larger cities of California. In spite of this fact, California graduate nurses are generally employed but nurses from other states are often embarrassed through their failure to secure employment in California.

## NURSING STANDARDS RAISED

Beginning January 1, 1931, students who desire to enter schools of nursing in California shall have graduated from high school or shall have completed an equivalent education. This ruling will not affect more than five or six of the fifty-two schools of nursing in the state, as the majority of such schools have for some time established graduation from high school as a prerequisite for entrance upon schools of nursing.

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## TIMES HAVE CHANGED

Some of the hale and hearty old-timers want to know why it takes such an endless amount of hygiene, prophylaxis, sanitation, dietary regulation, medical examination and what not to raise healthy children now-a-days when they used to just grow up that way. The health officer answers that it may be a consummate mystery but people used to raise apples without spraying, pigs without inoculation against cholera, cotton without fighting the boll weevil, cattle without precaution against tuberculosis and—anyway in some quarters there are now some sorry lots of left-overs from the good old system of raising people. So recently as the World War, Uncle Sam had a hard time finding 6,000,000 able-bodied men and reports have it that quite an annual expense has developed because many of those chosen couldn't stand the pace of military life.—*Illinois Health Messenger.*

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I am of the opinion that our first duty is to enquire whether a thing be or not, before asking wherefore it is.—*William Harvey.*

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We live in an era of specialization, but specialization can be overdone, and there is no inherent reason why the qualities of investigator, teacher and practitioner should not go hand in hand, be represented in a single individual, and he be none worse for the mixture.—*Harvey Cushing.*

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## MORBIDITY *

**Diphtheria.**

26 cases of diphtheria have been reported, as follows: Los Angeles County 3, Azusa 1, Glendale 1, Los Angeles 11, Torrance 1, Gustine 1, Orange 1, Santa Ana 1, San Francisco 2, Palo Alto 2, Suisun 2.

**Scarlet Fever.**

44 cases of scarlet fever have been reported, as follows: Berkeley 1, Emeryville 1, Oakland 2, Fresno 2, Kern County 2, Los Angeles County 5, Covina 1, Glendale 1, Long Beach 1, Los Angeles 6, Maywood 1, Modoc County 1, Monterey County 2, Plumas County 5, Riverside 1, Sacramento County 1, Sacramento 1, Hollister 3, San Francisco 5, San Joaquin County 1, Stockton 1.

**Measles.**

181 cases of measles have been reported, as follows: Berkeley 11, Hayward 4, Oakland 6, Contra Costa County 1, El Cerrito

*From reports received on July 28th and 29th for week ending July 26th.

1, El Dorado County 1, Fresno County 2, Kern County 3, Los Angeles County 12, Avalon 4, Claremont 4, Compton 1, Glendale 5, Inglewood 1, Long Beach 10, Los Angeles 37, Pasadena 2, San Fernando 3, Santa Monica 11, Whittier 2, Lynwood 1, South Gate 5, Bell 1, Modoc County 2, Orange County 2, Huntington Beach 2, Santa Ana 3, Riverside County 3, Sacramento County 1, Sacramento 3, San Bernardino 1, Upland 2, San Diego County 7, Escondido 1, National City 1, San Francisco 4, Stockton 4, Palo Alto 9, San Jose 1, Tulare County 1, Ventura 6.

**Smallpox.**

6 cases of smallpox have been reported, as follows: Los Angeles 1, Torrance 1, San Francisco 3, Stanislaus County 1.

**Typhoid Fever.**

32 cases of typhoid fever have been reported, as follows: Fresno County 1, Los Angeles County 1, Alhambra 1, Los Angeles 2, Modoc County 2, Huntington Beach 2, Riverside County 3, Riverside 1, Sacramento County 2, Sacramento 1, San Bernardino County 1, San Diego County 2, San Francisco 1, San Joaquin County 4, Santa Barbara 3, Suisun 1, Stanislaus County 2, California 2.**

**Whooping Cough.**

128 cases of whooping cough have been reported, as follows: Alameda 7, Hayward 4, Oakland 7, Gridley 1, Fresno County 3, Kern County 1, Los Angeles County 11, Culver City 1, Long Beach 9, Los Angeles 41, Monrovia 2, Pasadena 1, Pomona 7, Santa Monica 9, South Pasadena 1, South Gate 3, Salinas 1, Santa Ana 1, Riverside County 4, Riverside 7, Sacramento 1, San Bernardino 1, San Luis Obispo 3, Palo Alto 2.

**Meningitis (Epidemic).**

4 cases of epidemic meningitis have been reported, as follows: San Francisco 1, Stockton 1, Daly City 1, California 1.**

**Leprosy.**

Santa Ana reported one case of leprosy.

**Encephalitis (Epidemic).**

San Bernardino County reported one case of epidemic encephalitas.

**Actinomycosis.**

South Gate reported one case of actinomycosis.

**Coccidioidal Granuloma.**

Los Angeles reported one case of coccidioidal granuloma.

**Food Poisoning.**

34 cases of food poisoning have been reported, as follows: Huntington Park 2, Long Beach 1, Orange County 2, Huntington Beach 10, Santa Ana 2, Seal Beach 16, Laguna Beach 1.

**Poliomyelitis.**

89 cases of poliomyelitis have been reported, as follows: Los Angeles County 10, Azusa 1, Beverly Hills 1, El Monte 1, Glendale 8, Glendora 1, Long Beach 2, Los Angeles 40, Pasadena 7, Pomona 1, Santa Monica 1, South Gate 1, Monterey Park 1, Riverside 4, San Bernardino County 1, Ontario 2, San Diego County 1, San Francisco 3, San Luis Obispo 1, Santa Barbara 2.

**Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

## COMMUNICABLE DISEASE REPORTS

| Disease | 1930 Week ending July 5 | 1930 Week ending July 12 | 1930 Week ending July 19 | 1930 Reports for week ending July 26 received by July 29 | 1929 Week ending July 6 | 1929 Week ending July 13 | 1929 Week ending July 20 | 1929 Reports for week ending July 27 received by July 30 |
|---|---|---|---|---|---|---|---|---|
| Actinomycosis | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Chickenpox | 115 | 117 | 57 | 50 | 104 | 110 | 83 | 65 |
| Coccidioidal Granuloma | 0 | 0 | 0 | 1 | 0 | 0 | 2 | 3 |
| Dengue | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Diphtheria | 41 | 54 | 51 | 26 | 38 | 52 | 39 | 29 |
| Dysentery (Amoebic) | 1 | 1 | 1 | 2 | 2 | 0 | 0 | 0 |
| Dysentery (Bacillary) | 5 | 11 | 2 | 1 | 3 | 1 | 7 | 0 |
| Encephalitis (Epidemic) | 0 | 1 | 0 | 1 | 1 | 1 | 3 | 2 |
| Erysipelas | 15 | 12 | 12 | 11 | 4 | 11 | 11 | 12 |
| Food Poisoning | 0 | 7 | 0 | 34 | 0 | 1 | 41 | 1 |
| German Measles | 9 | 9 | 3 | 1 | 5 | 14 | 17 | 4 |
| Gonococcus Infection | 124 | 128 | 171 | 130 | 94 | 94 | 135 | 90 |
| Hookworm | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Influenza | 22 | 19 | 21 | 11 | 9 | 6 | 5 | 7 |
| Jaundice (Epidemic) | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Leprosy | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 |
| Malaria | 1 | 0 | 1 | 5 | 0 | 2 | 2 | 3 |
| Measles | 690 | 574 | 336 | 181 | 74 | 81 | 44 | 43 |
| Meningitis (Epidemic) | 2 | 4 | 1 | 4 | 13 | 4 | 15 | 17 |
| Mumps | 169 | 177 | 163 | 96 | 124 | 148 | 137 | 104 |
| Ophthalmia Neonatorum | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| Paratyphoid Fever | 2 | 2 | 1 | 0 | 2 | 2 | 2 | 0 |
| Pellagra | 2 | 2 | 0 | 2 | 1 | 1 | 2 | 0 |
| Pneumonia (Lobar) | 23 | 30 | 20 | 16 | 43 | 35 | 34 | 22 |
| Poliomyelitis | 96 | 98 | 98 | 89 | 4 | 5 | 4 | 4 |
| Rabies (Animal) | 16 | 10 | 17 | 18 | 18 | 14 | 21 | 6 |
| Rocky Mt. Spotted Fever | 1 | 0 | 0 | 0 | 0 | 5 | 0 | 0 |
| Scarlet Fever | 41 | 50 | 40 | 44 | 131 | 103 | 100 | 107 |
| Smallpox | 17 | 35 | 18 | 6 | 33 | 22 | 27 | 20 |
| Syphilis | 118 | 129 | 162 | 197 | 211 | 104 | 131 | 136 |
| Tetanus | 1 | 1 | 1 | 2 | 1 | 0 | 1 | 3 |
| Trachoma | 0 | 3 | 1 | 1 | 0 | 2 | 2 | 1 |
| Trichinosis | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tuberculosis | 194 | 210 | 158 | 172 | 154 | 167 | 177 | 196 |
| Tularemia | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 2 |
| Typhoid Fever | 12 | 22 | 18 | 32 | 4 | 14 | 13 | 20 |
| Undulant Fever | 3 | 3 | 3 | 0 | 1 | 0 | 0 | 2 |
| Whooping Cough | 143 | 117 | 168 | 128 | 134 | 144 | 164 | 172 |
| Totals | 1,865 | 1,830 | 1,525 | 1,264 | 1,210 | 1,143 | 1,220 | 1,071 |

**Epidemic Poliomyelitis shows a slight drop in its prevalence.**

**Typhoid Fever showed a marked increase last week.**

**Food poisoning is conspicuous in the report for last week.**

**Measles found a new low level last week.**

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